

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107882

Entity Name: S T 1504, LLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

## New Principal Place of Business:

20310 NE 10 COURT ROAD  
MIAMI, FL 33179

## Current Mailing Address:

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180

## New Mailing Address:

20310 NE 10 COURT ROAD  
MIAMI, FL 33179

FEI Number: 20-3753749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, LEONARDO A ESQ  
18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

CZETYRKO, CLAUDIA  
7660 SW 83 COURT  
MIAMI, FL 33143 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CLAUDIA CZETYRKO

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TOMAS MARTIN GERPE  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: JOSE MARIA GERPE  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSE GERPE

MEM

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date